



Name: _____

Address: _____

City: _____ Province: BC Postal Code _____

Phone Number: _____ Email: _____

I certify that I am a Resident of British Columbia and in British Columbia when placing this order
(please put a check mark ✓ in the box) (required to complete order) ☐

I certify that I am 19 years of age or older
(please put a check mark ✓ in the box) (required to complete order) ☐

TICKETS

SINGLE TICKET FOR \$10.00 x Quantity _____ = Total \$ _____

Please enclose a cheque made payable to: **The Rock Creek & Boundary Fair Association or RCBFA**

Mail order form and cheque to: 3880 Kettle Valley Road South , Rock Creek, BC V0H 1Y0

OR

Scan and email form to 50-50@rockcreekfallfair.ca and pay by e-transfer

A copy of your tickets will be emailed or mailed to you. Tickets will not be emailed or mailed to an address outside of British Columbia.